HAND DELIVERED



2014 AUG 18 PM 3:59

Trivedi Victory Fund 2014	
If registered, FEC ID:	
Today's Date:	
August 18, 2014	•
Federal Election Commission	
999 E Street, N.W.	
Washington, D.C. 20463	

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

Treasurer's Name:

Raymond Daniel Barefoot

, Treasurer

1403-128-4627

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FEC FORM 1

STATEMENT OF ORGANIZATION

ACLESSION
FEDERAL ELECTION
COMMISSION
PUBLIC DISCLOSURE
DIVISION

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				,			Office Use Only
NAME OF COMMITTEE (in f	ull)		Check if name s changed)		mple: If typing, type the lines.	12FE4M	5
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ADDRESS (number and	street)	434	6 PAR	KIROU	AD NW	1111	
☐ (Check if ad is changed)	dress	MINI	TI TI-12				
			HINGT	DIN .		STATE A	ZIP CODE A
COMMITTEE'S E-MAIL	ADDRES	S					
(Check if ad is changed)	dress	Rieio	ekqin@i	AINIVI	LLSTRATIFI	GUE5	
		Optional DIA IN	Second E-Mail A	Address V _I L Ly	OTIRATTEGUS	ESLILI).M
		•					
COMMITTEE'S WEB F		RESS (UI	RL)				
☐ ◀ (Check if ad is changed)	dress		1.1.1.1.1	11.1.			
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2. DATE] ' [[3	3 ' 2	614	,			
3. FEC IDENTIFICATION NUMBER ▶							
4. IS THIS STATEME	NT X	NEW	(N) OR		AMENDED (A)		
I certify that I have ex	amined thi	s Stateme	ent and to the be	st of my l	knowledge and belief it i	is true, corre	ct and complete.
Type or Print Name of	Treasurer	Rai	mond i	Barre	Poot		
Signature of Treasurer	_R	myl	Lhi	A		Date 0	B'lle aux
NOTE: Submission of fa	NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.						
Office Use Only					For further information co- Federal Election Commission Toll Free 800-424-9530		FEC FORM 1 (Revised 06/2012)

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5.

FEC FO	111 1 (Neviseu 022009)
TYPE OF C	OMMITTEE
Candidate	e Committee:
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)
(b) []	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
Name of Candidate	
Candidate Party Affiliation	Office State President District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Con	nmittee:
(d)	This committee is a (National, State (Democratic, Republican, etc.) Party.
Political A	ction Committee (PAC):
(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
	Corporation Corporation w/o Capital Stock Labor Organization
	Membership Organization U Trade Association U Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.
(f) <u> </u>	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
	In addition, this committee is a Lobbyist/Registrant PAC.
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
Joint Fund	raising Representative:
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
Comi	mittees Participating in Joint Fundraiser
1.	FEC ID number C
2.	FEC ID number
3.	FEC ID number
4	

Pa	a	A	3

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Write or Type Committee Nam	9	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundralsing Representative, or Leaders	hip PAC Sponsor
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connecte	od Organization Affiliated Committee Joint Fundraising Representative Lea	adership PAC Sponsor
 Custodian of Records: Ide books and records. 	entify by name, address (phone number optional) and position of the person in pos	session of committee
Full Name	MOIND BAREFIOOT	
Malling Address	11346 PARK RADN	لببيي
	U.N. 1.T. T24	لحنسب
	MASHINGTON DIL DIL DIL	السيا-الملا
Title or Position	CITY STATE	ZIP CODE
TREASURTE	Telephone number 7.0.3 - 3	471-12677
8. Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number - optional) of the treasurer of the committee; and the na assistant treasurer).	me and address of
Full Name of Treasurer	MDIND BAREFOOT	
Mailing Address	11346 PARK ROAD NW	
	UNIT 17-2	
	INASHINGTON D4 1200	ZIP CODE
Title or Position [[R]EASURER		H.71-12167171

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FEC Form 1 (F	Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address	CITY STATE	ZIP CODE
Title or Position	Telephone number	
Banks or Other Depos safety deposit boxes of Name of Bank, Depos		unds, holds accounts, rents
45	J.C. BANK	
Mailing Address	13300 1 HitiN STINW	
	WASHINGTON 1111 P4	20,010-
	CITY STATE	ZIP CODE
Name of Bank, Depos	itory, etc.	
لبا		
Mailing Address		
	CITY STATE	ZIP CODE

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered 8/18/14 Postmarked **USPS First Class Mail** Postmarked (R/C) USPS Registered/Certified Postmarked **USPS Priority Mail** Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):

(8/2013)